

WORK CLAIMED SUMMARY FORM

The use of this Work Claimed Summary form is not required, but contains information, if completed, to assist ADEQ in review of the work claimed on the SAF application. This form is separated by the different corrective action Phases and only the information for the Phases associated with the work claimed on the application needs to be completed.

LUST # _____

Primary Service Provider: _____

Phase A – Release Confirmation	Release #(s)
1. Period of Time covered: _____	
2. Technique used for Sample Collection:	
<input type="checkbox"/> Soil Boring Installation Boring ID #(s): _____ <input type="checkbox"/> Hand Augering	<input type="checkbox"/> Open excavation <input type="checkbox"/> Other: (Describe): _____
3. 14-Day Release Confirmation Report Form claimed: Yes No	
4. If Report on file with the Department: Title of Document: _____	
Date of Document: _____ Location within Document: _____	
5. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).	

Phase B - Initial Site Characterization	Release #(s)
1. Period of Time covered: _____	
2. Date Initial Site Characterization Report Form Submitted: _____	
If site visit was conducted, date of site visit: _____	
3. Initial Site Characterization Form claimed: Yes No	
4. If Report on file with the Department: Title of Document: _____	
Date of Document: _____ Location within Document: _____	
5. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).	

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Phase C – Site Investigation (Vertical and Lateral Extent)						
1. Period of Time covered:						
2.						
Total Number of Borings: _____ Total Footage being claimed: _____						
Total Number of Wells: _____ Total Footage being claimed: _____						
3.						
Work Performed Relate to:	Media being Investigated	Release #(s)	Boring ID #(s)	Well ID #(s)	ADWR Well Registry #(s)	
Investigation for vertical extent	<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater					
On-site investigation for lateral extent	<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater					
Off-site Investigation for lateral extent	<input type="checkbox"/> Soil <input type="checkbox"/> Groundwater					
4. If Report on file with the Department: Title of Document: _____						
Date of Document: _____ Location within Document: _____						
5. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).						

Phase D - Groundwater Monitoring		Release #(s)
1. Period of Time covered:		
2.		
<input type="checkbox"/> Slug Test Performed	Well ID #(s): _____	
<input type="checkbox"/> Aquifer Pump Test Performed	Well ID #(s): _____	
3. Work Performed Relates to:		
<input type="checkbox"/> Characterization	Well ID #(s): _____	
<input type="checkbox"/> Evaluation of Remedial Alternative	Well ID #(s): _____	
4. If Report on file with the Department: Title of Document: _____		
Date of Document: _____ Location within Document: _____		
5. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).		

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Phase D - Groundwater Monitoring		
1. Period of Time covered:		
2. Sampling Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____		
Number of Wells Sampled: _____		
3.	Well ID #(s):	Release #(s):
<input type="checkbox"/> Investigative Sampling during Characterization		
<input type="checkbox"/> Compliance Sampling during Characterization		
<input type="checkbox"/> Evaluating Effectiveness of Remedial Alternative		
<input type="checkbox"/> LUST Case Closure		
<input type="checkbox"/> Fluid Level Measurement only		
4. If Report on file with the Department: Title of Document: _____		
Date of Document: _____ Location within Document: _____		
5. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).		

Phase E - Aquifer Characterization		Release #(s)
1. Period of Time covered:		
2.		
<input type="checkbox"/> Slug Test Performed	Well ID #(s): _____	
<input type="checkbox"/> Aquifer Pump Test Performed	Well ID #(s): _____	
3. Work Performed Relates to:		
<input type="checkbox"/> Characterization	Well ID #(s): _____	
<input type="checkbox"/> Evaluation of Remedial Alternative	Well ID #(s): _____	
4. If Report on file with the Department: Title of Document: _____		
Date of Document: _____ Location within Document: _____		
5. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).		

Phase F - Manual/Passive Free Product Removal		
1. Period of Time covered:		
2. Frequency of Events: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Other: _____		
3.	Well ID #(s):	Release #(s):
<input type="checkbox"/> Free Product Investigation		
<input type="checkbox"/> Periodic Removal		
<input type="checkbox"/> Removal per Corrective Action Plan		
4. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____		
5. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).		

Phase G – Pilot Testing		
1. Period of Time covered:		
2.		
Work Performed Relate to:	Release #(s)	ADWR Well Registry #(s)
Installation of Vapor Extraction Wells		
Installation of Sparge Wells		
Performing Soil Vapor Extraction Test		
Performing Air Sparge Test		
Performing Multi-Phase Extraction Test		
Performing Active Free Product Removal Test		
Other (Describe):		
3. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____		
4. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).		

Phase H – Remedial System Installation	Release #(s)
1. Period of Time covered:	
2. Type of remedial system(s) installed/started-up:	
<input type="checkbox"/> Soil Vapor Extraction (SVE) only <input type="checkbox"/> Enhanced Aerobic Bioremediation <input type="checkbox"/> Air Sparge (AS) and SVE <input type="checkbox"/> Automatic Free Product Recovery System <input type="checkbox"/> Multi-Phase Extraction (MPE) or Dual Phase Extraction (DPE) <input type="checkbox"/> Other (Describe): _____ <input type="checkbox"/> Bioventing	
3. Date of Remedial System Start-up/Initial Treatment: _____	
4. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____	
5. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).	

Phase I – Operation and Maintenance	Release #(s)
1. Period of Time covered:	
2. Frequency of Visits: <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____	
3. Type of system(s) undergoing routine O&M:	
<input type="checkbox"/> Soil Vapor Extraction (SVE) only <input type="checkbox"/> Automatic Free Product Recovery System <input type="checkbox"/> Air Sparge (AS) and SVE <input type="checkbox"/> Other (Describe): _____ <input type="checkbox"/> Multi-Phase Extraction (MPE) or Dual Phase Extraction (DPE)	
4. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____	
5. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).	

Phase J - LUST Case Closure Activities		
1. Period of Time covered:		
2. Release Number(s)	Date Closure Request Submitted to ADEQ	Date of Release Closure by ADEQ
3.		
<input type="checkbox"/> Well Abandonment	Well ID #(s):	Release #(s):
<input type="checkbox"/> Confirmation Soil Boring Installation	Boring ID #(s)	Release #(s):
	Total depth of Borings:	
4. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____		
5. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).		

Phase K – Remedial Excavation	Release #(s)
1. Dates of Excavation:	
2. Excavation Size:	
<input type="checkbox"/> Less than 500 Cubic Yards <input type="checkbox"/> Greater Than 500 Cubic Yards Bids provided: Yes No	
3. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____	
4. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).	

Phase L – Tank Closure	Release #(s)
1. Date(s) of Tank Closure:	
2. Work Perform Relates to:	
<input type="checkbox"/> Closure by removing tank <input type="checkbox"/> In-ground closure	
<input type="checkbox"/> Over Excavation (Justification for over excavating required)	
3. If Report on file with the Department: Title of Document: _____	
Date of Document: _____ Location within Document: _____	
4. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).	

Phase O – Initial Response and/or Initial Abatement			
1. Period of Time covered:			
2. Sampling Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____			
Number of Wells Sampled: _____			
3.		Release #(s):	Dates of the Event(s)
Initial Monitoring of fire, explosion or vapor hazard	<input type="checkbox"/> Outdoor Monitoring <input type="checkbox"/> Indoor Monitoring		
Initial Mitigating Steps for fire or safety hazard			
Other: (Describe):			
4. If Report on file with the Department: Title of Document: _____			
Date of Document: _____ Location within Document: _____			
5. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).			

Phase M – Risk-Based Evaluation	Release # (s)
1. Period of Time covered:	
4. If Report on file with the Department: Title of Document: _____ Date of Document: _____ Location within Document: _____	
5. If no Report is on file with the Department, provide rationale/justification for costs claimed. (Rationale/justification must demonstrate that the costs claimed are reasonable, necessary and cost-effective and therefore eligible for coverage from the SAF).	

Phase P – Work Plan Preparation		Release # (s)
1. Work Plan Submittal Date:	Work Plan SAF Approval Date:	SAF Application Pre-approval Number: